



**The Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Department of Public Health**  
**Division of Health Care Quality**  
**99 Chauncy Street, 2<sup>nd</sup> Floor, Boston, MA 02111**  
**617-753-8000**

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**LIEUTENANT GOVERNOR**

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**SECRETARY**

**PAUL J. COTE, JR.**  
**COMMISSIONER**

**CIRCULAR LETTER: DHCQ 06-4-459**

**TO:** Long Term Care Facilities Administrators

**FROM:** Paul I. Dreyer, Ph.D, Associate Commissioner

**DATE:** May 5, 2006

**RE:** Attestation for Continuity of Operations Plans (COOPs)

The purpose of this letter is to inform all licensed nursing and rest homes of their obligation to ensure the continued delivery of services to their residents clients in the event of an influenza pandemic or other long-term emergency. As part of their responsibility to have detailed plans and procedures to meet all potential emergencies, providers have been instructed to develop an agency-specific Continuity of Operations Plan (COOP) to augment existing emergency preparedness plans already in place.

In keeping with the Department's goals regarding pandemic planning, the Division of Health Care Quality is now seeking to confirm your compliance with COOP development. Enclosed you will find a 3-page document consisting of an Attestation that the facility has developed a COOP as required, a short self-evaluation tool regarding your COOP's content, and a section to itemize any remaining questions or concerns you may have.

**Please sign and date the Attestation and complete the evaluation tool. Return the signed and completed document to the Division no later than Monday, May 22, 2006.**

***Please do not send in your actual COOP at this time.***

Mail or fax completed document to:

Department of Public Health  
Division of Health Care Quality  
99 Chauncy St., 3<sup>rd</sup> Floor  
Boston, MA 02111  
Fax: (617) 753-8094 (**Attention: Deirdre Hanniffy**)

If you have any questions, please refer to the Department's website for COOP planning for answers to ***Frequently Asked Questions*** and other information that may provide clarification at:

[www.mass.gov/hhs/coop](http://www.mass.gov/hhs/coop)

If questions or concerns remain, please document them on the evaluation form, or as an addendum to the form, and return it to the Division with the Attestation. Questions may also be sent via fax to **Deirdre Hanniffy** at 617-753-8094, or you may e-mail the Continuity of Operation Plans team at EOHHS at:

[POS.COOP@ehs.state.ma.us](mailto:POS.COOP@ehs.state.ma.us).

In an effort to provide accurate and consistent information, all questions directed to the Division will be compiled and reviewed with representatives from the Commissioner's office and responses will be distributed as soon as possible.

Attachments:

- ❖ Provider Review Tool for Continuity of Operations Plans
- ❖ Attestation of compliance

## PROVIDER REVIEW TOOL

### Continuity of Operations Plan (COOP)

Facility Name: \_\_\_\_\_

Town: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Title: \_\_\_\_\_

**Attestation:**

*The undersigned representative(s) of the provider hereby attest that, pursuant to the facility's responsibility to ensure the continuation of essential services of the Commonwealth, the provider has developed a Continuity of Operations Plan that addresses each of the essential elements of a COOP, as described below.*

Name and Title (please print)	Signature	Date
Name and Title (please print)	Signature	Date
Name and Title (please print)	Signature	Date

**Purpose**

**The Continuity of Operations Plan (COOP)** provides policy and guidance to ensure the execution of essential functions in the event that agency operations are threatened. A COOP identifies essential services, agency leads, delegations of authority, and other key pieces of information critical to the maintenance of services during an extended emergency.

**COOP Event:** Emergencies or potential emergencies that may affect a department or agency's ability to carry out its essential functions, such as, but not limited to: epidemics or pandemic disease; natural disasters such as floods, earthquakes or tornados; terror attacks, or related emergency events.

For more information, including answers to frequently asked questions about COOP planning, please refer to the Department's website at: [www.mass.gov/hhs/coop](http://www.mass.gov/hhs/coop)

Elements of the COOP	
ELEMENT	Yes/No
❖ <b>Activation/Deactivation Criteria:</b>	
1. Criteria for COOP activation (ex., governor declares state of emergency, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Criteria for COOP deactivation (ex., staffing levels have returned to normal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
❖ <b>Plan Developer:</b>	
3. Name and title of individual identified as responsible for the development of a viable and executable COOP for the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Name</span> <span>Title</span> </div>	

ELEMENT	Yes/No
<b>❖ Essential Functions<sup>1</sup>:</b>	
4. Plan identifies and prioritizes essential functions necessary for agency continuity of operations. <i>Essential functions include services that are:</i> <ul style="list-style-type: none"> <li>♦ Life sustaining                      ♦ Emergency Medical                      ♦ Critical Ancillary Providers</li> <li>♦ Protective/Investigative            ♦ Food and Shelter                      ♦ 24/7 Direct Care Providers</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Order of Succession<sup>2</sup>:</b>	
5. There is an order of succession for each essential function.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. The list includes each successor's: <ul style="list-style-type: none"> <li><input type="checkbox"/> Name and title</li> <li><input type="checkbox"/> Work, cell and home telephone numbers</li> <li><input type="checkbox"/> Other available methods of contact, including pagers, e-mail, etc.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Delegation of Authority<sup>3</sup>:</b>	
6. There is a delegation of authority for each essential function.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. The delegation of authority includes: <ul style="list-style-type: none"> <li><input type="checkbox"/> Source of the authority being delegated (position title and/or source)</li> <li><input type="checkbox"/> Name and title of incumbent being delegated the authority</li> <li><input type="checkbox"/> Work, cell and home telephone numbers</li> <li><input type="checkbox"/> Other available methods of contact, including pagers, e-mail, etc.</li> <li><input type="checkbox"/> Authorities delegated, together with any limitations on, or exceptions to, their use</li> <li><input type="checkbox"/> Name, title and signature of the official empowered to delegate the authority specified</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Communication Plans:</b>	
7. The COOP includes communication plans for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Public relations                      <input type="checkbox"/> Staff and other service providers</li> <li><input type="checkbox"/> Clients                                      <input type="checkbox"/> Phone systems</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Pandemic Preparation:</b>	
8. The COOP includes preparation for pandemic, such as: <ul style="list-style-type: none"> <li><input type="checkbox"/> Dissemination of flu information by means of mail, internet, and other methods</li> <li><input type="checkbox"/> Develop and inventory of tasks for critical functions to ease transition of staff performing such functions on behalf of absent colleagues</li> <li><input type="checkbox"/> Train successors and delegates identified for essential functions</li> <li><input type="checkbox"/> Update contact information for all staff</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Direct Care 24/7 Facilities:</b>	
9. Facilities providing 24/7 direct care must, <b>at this point, include a plan</b> for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Communications                      <input type="checkbox"/> Medical assessment for 30% residents ill with flu</li> <li><input type="checkbox"/> Staffing: Plan for 40% reduction in staff</li> <li><input type="checkbox"/> Infection control for 30% residents ill with flu      <input type="checkbox"/> Medication &amp; food: Plan to provide a supply of each for 30 days</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

ELEMENT	Yes/No
<b>❖ Personnel Responsibilities:</b>	
<p>10. <b>Responsibilities:</b> The Plan identifies responsibilities for the following personnel during activation of the COOP:</p> <p> <input type="checkbox"/> Senior Management personnel           <input type="checkbox"/> Professional personnel           <input type="checkbox"/> Support personnel           <input type="checkbox"/> Administrative personnel           <input type="checkbox"/> Contract personnel         </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Training and Exercises:</b>	
11. The Plan includes a program of training and exercises to evaluate the COOP.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a. Tests, training and exercises are planned regularly or at least once yearly to evaluate the COOP and improve the ability of the agency/organization to execute the COOP effectively.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11b. Testing includes plans for:</p> <p> <input type="checkbox"/> Individual and team training of agency COOP staff and emergency personnel to ensure currency of knowledge and integration of skills necessary for plan execution;           <input type="checkbox"/> Internal agency testing of COOP plans and procedures to ensure the ability of the agency to perform essential and mission critical functions;           <input type="checkbox"/> Testing of alert and notification procedures and systems;           <input type="checkbox"/> Joint agency exercising of COOP plans, where applicable and feasible         </p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>❖ Needs Assessment:</b>	
<p>12. In developing the COOP, have you identified any areas of vulnerability, questions or issues for which you require further information or clarification?</p> <p><b>If YES, please itemize and elaborate below*.</b></p> <p><i>*In order to provide accurate and consistent information, questions will be collected and reviewed with representatives of the Commissioner's office and answers will be distributed/posted as soon as possible.</i></p> <p>Questions may also be e-mailed to the Continuity of Operations Plan team at:</p> <p><a href="mailto:POS.COOP@ehs.state.ma.us">POS.COOP@ehs.state.ma.us</a>.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## References

<sup>1</sup> **Essential Functions:** those functions that enable the agency/organization to provide vital services, maintain safe and quality operations, maintain the safety of employees and associates, and sustain an industrial/economic base during an emergency.

<sup>2</sup> **Order of Succession:** a list of individuals who would sequentially assume responsibility if the principal staff person is no longer able to carry out his/her functions. In a COOP, it is possible for the same person to be listed in both the order of succession and the delegation of authorities. (EOHHS – www.mass.gov)

<sup>3</sup> **Delegation of Authority:** Refers to positions in which the principal staff person has the authority to complete a particular task. In a COOP, it is possible for the same person to be listed in both the order of succession and the delegation of authorities.